

PTO/SB/52 (03-02)

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<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (optional)
I hereby declare that: The residence, mailing address and citizenship of the inventors are stated below. I am authorized to act on behalf of the following assignee: <u>Intel Corporation</u> and the title of my position with said assignee is: <u>Senior Patent Counsel</u> The entire title to the patent identified below is vested in said assignee.		
Inventor <u>Robert C. Dixon</u>		Citizenship <u>U.S.A.</u>
Residence/Mailing Address <u>1417 Perry Park Drive, Palmer Lake, CO 80133</u>		
Inventor		Citizenship
Residence/Mailing Address		
<input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.		
Patent Number <u>5,850,600</u>	Date of Patent Issued <u>December 15, 1998</u>	
Title of Invention <u>Three Cell Wireless Communication System</u>		
I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled: <u>Three Cell Wireless Communication System</u> the specification of which <input checked="" type="checkbox"/> is attached hereto. <input type="checkbox"/> was filed on _____ as reissue application number ____/_____ and was amended on _____ (If applicable) I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.) <input type="checkbox"/> by reason of a defective specification or drawing. <input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent. <input type="checkbox"/> by reason of other errors.		

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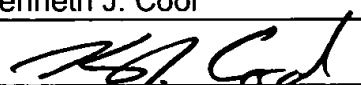
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Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (Optional)					
<p>At least one error upon which reissue is based is described as follows:</p> <p>The attorney failed to appreciate the full scope of the invention and unduly restricted the invention by requiring that base stations in adjacent cells must each be assigned different frequencies for communication, and that user stations within adjacent cells have to also be assigned different frequencies for communication. The possibility of this error was first discovered after payment of the issue fee, but the attorney did not fully appreciate the proper scope of the invention until after conducting an investigation which was not completed until after the patent issued.</p> <p style="text-align: center;">[Attach additional sheets, if needed.]</p> <p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p>							
<p>I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Name(s)</td> <td style="width: 50%;">Registration Number</td> </tr> <tr> <td>Mark L. Watson</td> <td>46,322</td> </tr> </table>				Name(s)	Registration Number	Mark L. Watson	46,322
Name(s)	Registration Number						
Mark L. Watson	46,322						
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  FEB 12 2004  Technology Center 2600 </div>							
<p>Correspondence Address: Direct all communications about the application to:</p> <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> Customer Number <div style="border: 1px solid black; padding: 5px; margin: 0 10px;">08791</div> <div style="margin: 0 10px;">→</div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Place Customer Number Bar Code Label Here </div> </div> <p style="text-align: center;"><i>OR</i>                      Type Customer Number Here</p>							
<input checked="" type="checkbox"/> Firm or Individual Name		Blakely Sokoloff Taylor & Zafman LLP					
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<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>							
Full name of person signing (given name, family name) Kenneth J. Cool							
Signature 		Date Feb. 3, 2004					
Address of Assignee 2200 Mission College Boulevard Santa Clara, CA 95052							